

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health
Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4242 · Fax: (775) 684-4156

AFFIDAVIT (NRS 440.650 and NAC 440.070)

PRINT FULL LEGAL NAME: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

Table with 2 columns: Name of Person of Record, Relationship to Person of Record

I, _____, certify and declare under penalty of perjury under the laws of the State of Nevada,
(Print Full Legal Name)
that I am the person as indicated above, and pursuant to NRS 440.650 and NAC 440.070, have a direct and tangible interest in the matter
recorded. My interest in the matter recorded is _____
(Brief Explanation of Direct and Tangible Interest)

I swear that all assertions of this affidavit are true and accurate to the best of my knowledge.

Signature: _____
(Sign in the Presence of a Notary)

Table with 2 columns: Note: If signing in the presence of the State of Nevada Office of Vital Records, this document is exempt from the Notary requirement. Registrar Signature:

State of _____,
County of _____,
Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____,
by _____
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within
instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the
instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury
under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)